

DCFS SCHOLARSHIP APPLICATION FOR YOUTH IN OUT-OF-HOME CARE

Use of form: The Division of Children and Family Services Scholarship Program awards scholarships up to \$5,000 for youth who have been in out-of-home care and are entering a degree, license or certificate program.

Eligibility Requirements

To qualify for a DCFS Scholarship award, the applicant must:

- Have been in out-of-home care (OHC) placement (foster home, group home, residential care center or court ordered Kinship Care) for at least six months after the age of 15; or
- Have been in out-of-home care for at least six months and adopted after the age of 15.
- Have been in OHC placement in Wisconsin as described above, or
- Have been in OHC placement in another state but has become a resident of Wisconsin prior to attending a Wisconsin post-secondary institution.
- Be accepted into an institution of higher education (i.e., college, vocational or technical program) at the time the application is submitted.
- Be age 20 or less, unless enrolled in a post-secondary program on his / her 21st birthday, extending eligibility to age 23.

The funds for all scholarships **will be paid directly to the institution for the exact amount of the tuition, fees and books**. These funds may not be used for outreach, enrichment, special student programs or any other program participation costs. Unused funds will be returned to the DCFS.

Personal information collected on this form, including Social Security Number, will be used for school payment purposes only.

Instructions: This form must be fully completed for scholarship consideration. A new form must be completed for each award requested. The following documents are required:

- A fully completed DCFS application form, and
- For first time applicants, a copy of the acceptance letter from the institution of higher education, or
- For applicants previously receiving this scholarship award, proof of successful completion of the prior semester. This may include a copy of grades earned during that semester **or** a copy of the registration form and student status for the current semester.

Send completed applications to Paula Brown, DHFS/DCFS/BPP, P. O. Box 8916, Madison, WI 53708-8916. Applicant will be informed within 20 days about the status of the application and scholarship award. For more information about the DCFS Scholarship Program and process, contact Paula Brown at (608) 267-7287 or e-mail brownpl@dhfs.state.wi.us.

Name – Applicant (Last, First, MI)		Social Security Number	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Mailing Address (Street, City, State, Zip Code)			Telephone Number	
Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other			
Last Grade Completed		Date of Completion (mm/dd/yyyy)		
Name - Last School Attended			Location of Last School Attended (City, State)	
SEND SCHOLARSHIP AWARD TO:				
Name - College or Technical / Vocational School			Telephone Number - Business Office	
Current Mailing Address (Street, City, State, Zip Code)				
Date of Enrollment	Major Field / Training Area			Scholarship Amount Requested \$

College or Technical / Vocational School Costs for Semester / Period

From - _____ To - _____
(mm/dd/yyyy) (mm/dd/yyyy)

College or Technical / Vocational School Costs for Semester / Period

Tuition and Fees: \$ _____
Books: \$ _____
Total Cost: \$ _____

Other Financial Resources to Assist Applicant with College Costs (Check all that apply)

<input type="checkbox"/> Financial Aid	\$ _____	<input type="checkbox"/> Work Study	\$ _____	<input type="checkbox"/> Trust Fund / Savings	\$ _____
<input type="checkbox"/> Grants	\$ _____	<input type="checkbox"/> Loans	\$ _____	<input type="checkbox"/> Family Support	\$ _____

Additional funding for costs associated with post-secondary education or training up to \$5,000 per year may be available through your local Department of Human or Social Services. For more information, contact the Independent Living Coordinator at the county department.

County of Most Recent Out-of-Home Care Placement

Name - County Social Worker or Independent Living Coordinator

Total Number of Years / Months in Out-of-Home Care

Name - Person Assisting with Application (if applicable)

Telephone Number

☐ Yes ☐ No I understand that continued eligibility for the DCFS Scholarship Program is dependent upon satisfactory performance. I also understand that I may be required to submit proof of performance for subsequent applications and awards.

☐ Yes ☐ No I agree that the Division of Children and Family Services may use my name in publicity efforts. (If applicant does not agree, this will not effect applicant's eligibility for this scholarship.)

SIGNATURE - Applicant

Date Signed (mm/dd/yyyy)

This scholarship program is made available through the Federal Chafee Foster Care Independence Program, Education and Training Vouchers Program. Scholarships are awarded by the State of Wisconsin Department of Health and Family Services, Division of Children and Family Services.

FOR DCFS USE ONLY:

Scholarship Approved / Denied	
Amount	\$
Period of Award	
Previous DCFS Scholarship Awards	

COMMENTS: